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Complete and send t	his form, together w	applicable for	e(s), to: <u>Mail</u>	Mail Stop ISS Commissioner for P.O. Box 1450 Alexandria, Virg	or Patents	r
•	. \2	4	or <u>Fax</u>	(571) 273-2885	,	
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32294 7590 11/17/2005				have its own certificate	e of mailing or transmission.	one or rother drawing, mass
SQUIRE, SANDERS & DEMPSEY L.L.P. 14TH FLOOR 8000 TOWERS CRESCENT TYSONS CORNER, VA 22182				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
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01 FC=1501 1400.00 DP				(Signature)		
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APPLICATION NO.	FILING DATE	F	IRST NAMED INV	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/599,544	06/23/2000		Joseph Herbs	it .	100339-09033	1196
TITLE OF INVENTION: A	PPARATUS AND METHO	D FOR CONTROL	LING DATA FLO	OW IN A NETWORK SW	⁵⁸ 26 г. 69 03.	3
APPLN. TYPE	SMALL ENTITY	ISSUE FEI	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$0	0 \$1400 02/17/2006	
EXAMINER		ART UNIT C		CLASS-SUBCLASS	J	
LEE, CHI HO A		2663	3 370-235000			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Broadcom Corporation Irvine, California						
Please check the appropriate	assignee category or catego	ries (will not be prin	ited on the patent)	: Individual XX Co	orporation or other private gr	oup entity Government
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Authorized Signature	July 1	er		Date Fe	ebruary 10, 2006	
Typed or printed name _	Kevin F. Turn	er		Registration	No. 43,437	
This collection of information an application. Confidentialisubmitting the completed apthis form and/or suggestions Box 1450, Alexandria, Virgina 22313-Under the Paperwork Reduction	plication form to the USPT for reducing this burden, sh nia 22313-1450. DO NOT 11450.	O. Time will vary doubt be sent to the C SEND FEES OR CC	epending upon the Chief Information DMPLETED FOR	e individual case. Any co Officer, U.S. Patent and MS TO THIS ADDRESS	omments on the amount of ti Trademark Office, U.S. Dep S. SEND TO: Commissioner	me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

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